

and the author of this paper, and your editor will  
be pleased to receive your kind and friendly notice to enable us to

do our duty to you. We are sorry to inform you that we have not yet received any of your contributions, and we trust you will be good enough to forward them to us as soon as possible.

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## ORIGINAL COMMUNICATIONS.

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### REPORT OF SPECIAL COMMITTEE ON DISEASES OF THE EYE.

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PRESENTED TO THE ILLINOIS STATE MEDICAL SOCIETY, MAY, 1864.

MR. PRESIDENT—GENTLEMEN:

Your committee would most respectfully report, that no contributions, either from members of this Society or from the Profession generally, have been received, although due notice of the appointment of this Committee was published in both medical journals of this city, with the request that the physicians of the State would aid the Committee in accomplishing the objects for which the Committee was appointed.

The following report, therefore, is composed entirely of materials collected in the personal experience of your Committee. In the first part of the report is a classification of the diseases, which have fallen under the observation of your Committee during the past eight years, and principally during the past five years.

The table may be supposed to present the relative number of cases of each disease, as found among patients with affections of the eye, in the North-west.

In the second part, your Committee had designed to furnish the history of several cases, which might be of particular interest to the profession; but thought best, without entering too much into detail, to ask the attention of the Society to some general principles, worthy of notice in the study of each class of disease.

Unfortunately, in several respects, the classification of diseases is imperfect. It is proper to state, that the numbers indicate number of patients and not of eyes affected.

The defect arose from the fact, that the annual reports of the Chicago Charitable Eye and Ear Infirmary, embracing more than 1400 patients, were prepared, not so much for scientific classification, as for the purpose of presenting to the public the number of patients treated, and the popular names of the diseases. When patients have been under treatment with each eye affected with a different disease, the most important alone was registered. And, whenever an eye was affected with several diseases, as, for instance, granular conjunctivitis, vascular cornea, trichiasis, entropion, or other complications, simply the primary disease has been recorded.

A few points in some sections of the following table, which may appear strange to members of the Society, will be subsequently explained:

I. DISEASES OF THE CONJUNCTIVA.		II. DISEASES OF THE CORNEA.	
Conjunctivitis Catarrhal,	197	Corneitis Ulcerative,	109
do Granular,	628	do Superficial,	19
do Purulent,	32	do Suppurative, Hypopion,	7
do Neonatorum,	33	do do Onyx,	5
do Pustular,	114	do do Abscess,	11
do Morbillous,	21	Staphyloma of Cornea,	26
do Diphtheritic,	3	Opacity of Cornea,	64
Injuries and Burns,	67	Tumor of do	1
Xerophthalmia,	4	Conical do	2
Pterygium,	15	Motes on do	61
Pinguicula,	10		
Echymosis Spontaneous,	4	Total,	305
Total,	1128		

III. DISEASES OF THE SCLEROTIC.	
Injuries of Sclerotic and Cornea,	45
Staphyloma of Sclerotic,	2
Episcleritis, *	2
Total,	49
IV. DISEASES OF THE LIDS.	
Ophthalmia Tarsi,	34
Trichiasis,	40
Entropion,	19
Ectropion,	14
Hypertrophy of Palpebral Integ.,	2
Abscess of Lids,	18
Hordeolum,	11
Cystic Tumors,	22
Eczema,	7
Symblepheron,	4
Wounds,	23
Warts,	1
Ptosis,	8
Lupus,	1
Oedema,	15
Nevus,	2
Molluscum of Lid,	1
Total,	217
V. DISEASES OF THE IRIS.	
Iritis,	52
do Syphilitic,	13
Iridochoroiditis,	13
Occusion of Pupil,	15
Coloboma of Iris and Choroid,	4
Mydriasis,	3
Wounds of Iris,	3
Adhesion of Iris and Lens,	10
Total,	118
VI. DISEASES OF THE CHOROID, ETC.	
Choroiditis,	21
do Pigmentosa,	22
Sclero Choroiditis,	16
Staphyloma Posticum,	4
Opacities of Vitreous Humor,	31
Coagulum in Vitreous Humor,	1
Glaucoma,	3
Total,	98
VII. DISEASES OF THE RETINA.	
Retinitis,	20
do of Bright's Disease,	4
Congestion of Retina,	17
Detachment of Retina,	5
Atrophy of Optic Nerve, (papilla,)	3
Hemeralopia,	2
Embolie of Art Cntralis,	1
Cancer of Retina,	5
Muscae Volitantes,	9
Extravasation of blood under retina,	2
Amblyopia,	32
Amaurosis,	35
Total,	185
VIII. DISEASES OF THE LENS.	
Cataract Incipiens,	13
do Hard,	20
do Soft,	17
do Pyramidal,	11
do Congenital,	2
do Trumatic,	12
do do layer,	6
Dislocation of Lens Traumatic,	2
do do Spontaneous,	1
Total,	84
IX. DISEASES OF THE GLOBE.	
Atrophy of Globe,	14
Fungus Haematoches,	1
Hydrophthalmos,	2
Microphthalmos,	2
Sympathetic Ophthalmitis,	8
Total,	27
X. DISEASES OF THE MUSCLES.	
Strabismus,	19
Paralysis of 3d Pair of Nerves,	7
do 4th do do	4
do 6th do do	1
Blepharospasm,	2
Nystagmus,	12
Total,	45
XI. DISEASES OF THE LACHRYMAL APPENDAGES.	
Abscess of Lachrymal Sack,	5
Obstruction of Nasal Duct,	20
Congenital Fistula of Sack,	1
Obliteration of Canaliculi,	1
Passage of air through do	2
Eversion of Punctum Lachrymal,	3
Total,	32

XII. DISEASES OF THE ACCOMMODATIVE APPARATUS.		XIII. DISEASES OF THE ORBIT.	
Myopia,.....	8	Necrosis of Orbit,.....	1
Presbyopia,.....	3	Carcinoma of Orbit,.....	1
Asthenopeia,.....	35	Aneurism of Orbit,.....	1
Hypermetropia,.....	2	Neuralgia,.....	5
		Total,.....	8
Total,.....	48	Total of all Diseases of the Eye, 2289	

From this table it will be observed, that diseases of the conjunctiva form by far a greater class, than those of any other portion of the eye. To this class may be added a large part of the diseases of the lids and cornea, since they are but sequelæ of conjunctivitis. A large number of blind patients, that have been examined, lost their vision as a result of this disease, and there are reasons for believing that a very large portion of the blind in the blind asylum, and other portions of the State, lost their sight from neglected or maltreated inflammation of the conjunctiva.

In many parts of Illinois and the North-west, these diseases are very common, and are the cause of more pain and misery than almost any other disease. Your Committee, therefore, believes it is the duty of every practitioner in the Western States to make conjunctivitis the subject of special study. Every opportunity should be provided medical students for the clinical study of these diseases and their treatment.

A few words regarding the causes of conjunctivitis at the West, are perhaps not out of place, though little can be said in addition to what has already been reported at previous meetings of this Society. The opinions, formerly expressed, were almost entirely founded upon the views and experiences of others, since there has not been, during the past eight years, a single epidemic of conjunctivitis in Chicago. An honored member of this Association, who has enjoyed a long experience and extensive opportunities of observation, has informed your Committee, that he believes epidemics of conjunctivitis are not dependent upon the prevalence of dust or upon the dryness of the atmosphere, since they have often occurred when the prairies were covered with moisture. It is true, few places

experience more violent winds, loaded with more dust, than Chicago ; and yet, as has been stated, epidemic conjunctivitis is perhaps unknown in this city. Still, physicians generally seem to consider these agents as among the most active causes of the disease.

It is certainly to be hoped that all members of this Society, who may have an opportunity of observing epidemics of conjunctival inflammation, will report all facts relating to the condition of the atmosphere, surface of the country, the habits and occupation of the patients.

One word only in regard to treatment. In ordinary uncomplicated cases of acute conjunctivitis, your Committee is convinced that success in treatment depends principally upon the skillful use of caustic astringents. They should not be dropped into the eye, but applied directly to the mucous membrane of the lids, by means of a delicate brush, the secretions having first been removed by gentle applications of a bit of linen.

There is reason to believe, in the treatment of chronic conjunctivitis, that practitioners, generally, in the West, use these remedies too strong. Slight applications of the crystal sulphate of copper have given best satisfaction to your Committee in the largest proportion of cases.

Four typical cases of Xerophthalmia have been observed. One was remarkable, as resulting from phlyctenular conjunctivitis. The patient was five years of age ; the palpebral conjunctiva of the right eye was totally absorbed, and the edges of the lids brought in direct contact with the cornea, which was covered with a dry translucent membrane like parchment.

But three cases of true diphtheritic conjunctivitis have been noticed. Unfortunately two cases in children terminated with almost total destruction of vision ; your Committee was discharged from the third case in consequence of the unfavorable prognosis which was given. The subsequent history of the case is unknown. There is reason to believe that this disease, not uncommon in Europe, is quite rare in this country, although the corresponding affection of the throat is at times fearfully prevalent.

Nearly one-seventh of all the cases above enumerated are affections of the cornea. Many interesting points connected with these diseases, especially in children, are worthy of separate papers. Although quite a large number of cases of corneitis in children were accompanied with caries of the teeth, only four examples have been observed in which the teeth have been notched, as described by Mr. Hutchinson. By far the greater part of the patients affected with primary corneal disease have been of an unhealthy diathesis; a few cases only being in patients in whom the health was apparently perfect.

The treatment of certain injuries of the cornea and sclerotic will be discussed in connection with sympathetic ophthalmitis.

There have been but few cases of diseases of the lids, which have presented points worthy of remark in a report like this. One case of molluscum of the upper lid is mentioned as the only one ever observed by your Committee in his own practice or in that of others.

In the last report of this Committee, your attention was called to the treatment of certain forms chronic conjunctivitis, recommended in the first volume of *Archives for Ophthalmology*, and in the annual report of Pagenstecher and Saemisch. This treatment, which consists in elongating the palpebral fissure and in introducing vertical stitches through the integument and the orbicular muscle of the upper lid, has been found of special service in spasm of the lids, with tendency to entropion, and union of the lids at the external angle.

Certain cases of trichiasis, attended with great atrophy of the palpebral conjunctiva and of the tarsal cartilage itself, have been found difficult to relieve. The bulbs of the cilia appear so deep and misplaced in the tissues, that any efforts to remove them by scalping the edge of the lids, only add to the atrophy and fail to improve the condition of the organ. Fortunately, however, such cases are not frequent.

About five per cent. of the patients treated have been with affections of the iris. Your Committee has never attempted to conduct the treatment of iritis without the use of mercury,

although high authority has shown that the disease may thus be successfully treated. Success with the use of calomel and large and repeated doses of atropia locally, have created an unwillingness to modify this plan of treatment. Excision of a part of the iris, as recommended by Graefe, in chronic iritis with attachments of the iris to the lens, has been performed apparently with great benefit in three cases.

Three cases of injuries of the iris are somewhat remarkable. Two are cases of detachment of the iris from the ciliary muscle, produced by slight blows upon the eye. The separation extended about one-eighth of the circumference, in one case in the upper and outer, and in the other in the upper and inner quarter of the iris. In the former, recovery with almost perfect vision, but with a double pupil, was the result. In the latter, there was a second pupil and a traumatic cataract. The other case of injury was even more remarkable. A boy, seven years of age, received the sharp point of a pair of scissors in the right eye, which penetrated the cornea, iris, and possibly the lens, near the middle of the lower and outer quarter of these organs. The wound in the cornea healed with a very faint nebulous cicatrix; the iris was left with a small but permanent opening at the point of injury. No opacity of the lens could be perceived. Vision remained perfect. The treatment was simply low diet, absolute rest, and wet compresses.

The classification of the diseases of the vitreous humor, choroid and retina has been based entirely upon the abnormal changes, discovered by means of the ophthalmoscope. Whenever the line of demarkation between the papilla of the optic nerve and the retina has been indistinct, presenting the appearance represented by tables X, figure 4, of Liebreich's Plates, and tables X and XI of Jaeger's, the disease has been classified as retinitis. In those cases where absorption and deposition of pigment have been observed, with or without the peculiar yellow-colored patches so often seen, the disease has been termed choroiditis. Ophthalmologists are apparently not all satisfied with the term retinitis pigmentosa. There is rea-

son to believe in many cases the disease is an affection of the choroid as well as of the retina. In no instance has your Committee found this disease connected with consanguinity or idiocy, as observed by some writers.

Four cases of characteristic disease of the retina in patients affected with *morbus Brightii*, have been carefully studied. It is a matter of interest to ascertain the proportion of patients with this disease of the kidneys, who also suffer from amaurotic symptoms. A large number of patients with amaurotic symptoms have applied for treatment, where an examination with the ophthalmoscope was not permitted. These diseases were simply recorded as amblyopia or amaurosis, and no treatment instituted.

Glaucoma is evidently not a common disease at the West. Only three cases of this affection, and no others with dilated pupil and abnormal hardness of the globe, has been observed in Chicago, by your Committee.

As your Committee intends, at some future time, to make cataract the subject of a special report, nothing need be said at present upon the cases in the section of the above table devoted to diseases of the lens.

Eight cases of sympathetic ophthalmitis have been observed with total loss of sight, in which perfect vision of one eye could evidently have been saved by the early removal of the eye primarily injured. Quite a large number of cases have been noticed, where punctured and incised wounds of the globe have been followed by long distressing inflammation of the eye. No treatment seemed to afford relief till, after weeks and months of suffering, the patients permitted the extirpation of the eye. It is true the majority of such injuries heal without these violent symptoms, and your Committee would not urge an indiscriminate mutilation of these patients. But is it not a question worthy of consideration, as stated in the last report, whether it is not better to sacrifice a sightless and inflamed eye after due delay, than to endeavor to save the form of the eye simply, at the risk of total blindness? It is neces-

sary to distinguish one very common form of sympathy in these cases, from true sympathetic ophthalmitis. The first is simply a mild degree of irritation, with secretion of tears, and slight photophobia in one eye, when the other is excited, as for example, by the presence of a minute object under the lid. The other is a dangerous inflammation of the choroid, iris and retina, which, if it has once commenced, there is reason to believe, is seldom relieved by the removal of the other eye. Hence your Committee would urge upon the general practitioner the propriety of operating before this serious form of disease has supervened.

Although the abscision of the cornea and iris is often attended with good results, the experience of many of the most celebrated oculists seems to favor the total extirpation of the eye.

One case of congenital fistula of the sack, in a boy seven years ago, and two cases in which considerable annoyance was caused by the passage of air through the canaliculi on blowing the nose, are simply worthy of attention as being unusual. The operation of slitting the canaliculi, as recommended by Bowman in cases of eversion of the puncta, and the use of injections in the early stages of obstructions of the nasal duct are among the most satisfactory operations in ophthalmic surgery. Your Committee, although unwilling for slight causes, to sacrifice an organ, yet believes, in view of the want of patience and fortitude on the part of so many, especially the poor, suffering from chronic and neglected diseases of the duct, that much discomfort can be prevented by the obliteration of the sack.

No cases of more than ordinary interest, in diseases of the muscles have been noted.

But few cases of anomalies of the refracting media have been under the care of your Committee. This is explained by the fact that patients suffering from myopia and presbyopia usually apply to the optician, rather than the oculist, for advice. Your Committee has not been in the habit of making careful

examinations of eyes affected with strabismus, in reference to the existence of myopia or hypermetropia, neither has he instituted suitable investigations to determine whether asthenopia was dependent upon weakness of the recti muscles, or upon hypermetropia—formerly termed excessive presbyopia.

Not a single case of astigmatism, or difference of convexity or density of the refracting media in different meridians, has been detected, although no investigations were made by your Committee till within two years.

The attention of the Society is called to the experiments upon the properties of the Calabar bean as recently described in nearly all the leading journals of medicine.

A few remarks upon the status of ophthalmic literature in America, may not be inappropriate. Comparatively few works of merit, on diseases of the eye, have been written in this country. Nearly all our books are simply reprints of English works, which are now in many respects much behind the advance of science. Probably it is not too much to affirm that in the English language, there does not exist a complete and desirable text-book on diseases of the eye. It is true, the works of Mackenzie, Lawrence and others, embracing valuable monographs, furnish the student with a vast amount of practical knowledge of many ophthalmic diseases. But they are not what the profession now demands—a complete work, corresponding, for instance, to that of Stellwag, of Vienna, with a systematic arrangement of the diseases of each tissue, with its anatomy and physiology carefully and clearly discussed, as also the pathology of each abnormal process, followed by a description of the most approved treatment. There are in our country those who, with their own extensive experience, and with their study of the works of Graefe, Donders, Wells, Jaeger; in fact, of all eminent writers in every language, are able to contribute such a work to our literature. It will require immense labor, but it is to be hoped some one will soon commence it.

The *American Journal of Ophthalmology*, edited by Dr.

Homberger, merits your support, and will most amply repay members of our profession for its perusal.

The attention of the Society is this year again called to the condition of the Chicago Charitable Eye and Ear Infirmary. This institution has now entered upon the seventh year of its existence, during which, 1682 patients have been treated; 1272 with diseases of the eye, and 410 with diseases of the ear. The association consists of a board of twelve trustees, and a Board of two consulting and two attending surgeons. The operations of the Infirmary have thus far been much limited from want of means, which have been sufficient, merely to furnish poor patients with treatment at its Dispensary. The good which has even thus been accomplished, is almost incalculable. Not unfrequently, however, patients have suffered from want of suitable diet and care, and of protection from exposure. It must certainly be a matter of interest to this Society, and to the profession generally, to learn that the Infirmary has been placed in a position in which its usefulness, as is hoped, will be widely extended.

The President of the Board of Trustees, Walter L. Newberry, Esq., has donated the lease of a valuable lot of land to the Infirmary for the term of ten years. A good and commodious building has already been secured for a hospital, and efforts are now being made by private subscriptions to furnish it in such a manner as will be comfortable to patients and creditable to the city. It must be understood that this charity, at present, consists in providing the poor with comfortable apartments and treatment for diseases of the eye or ear, gratuitously. A small sum per week, hereafter to be determined, will be required for board, since the funds of the Infirmary are not sufficient to furnish this last to patients gratuitously. Efforts will be made in due time to secure a fund for this purpose also. Will not the profession lend this Institution the support and encouragement it merits?

At the last meeting of the Board of Trustees the following resolution was passed: That students of medicine be admitted

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to the Infirmary, with the privilege of studying diseases of the eye and ear, under such rules as the surgeons may, from time to time, deem best.

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## RAMBLES IN MILITARY HOSPITALS.

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### REPORT OF

### A CASE OF ENCYSTED ABSCESS OF THE BRAIN.

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By R. M. LACKEY, M. D., A. A. Surg., U. S. A.

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James E. Stephenson, prisoner of war, aged 22 years, sanguine temperament, and apparently of good constitution, was attacked with small-pox, Jan. 12th, 1864. He had the distinct form of the disease, and so light that he remained only ten days at the Pest Hospital. Immediately after his return to barracks from small-pox hospital, Jan. 22d, he began complaining of constant and severe pain in the right supra-orbital and temporal regions, attended with some febrile action during the first few days. Nothing serious was suspected by the surgeon under whose care he was, and he was allowed to remain in barracks until March 22d, when he was sent to hospital. At the time of admission he still had the constant pain in the regions named, very slow pulse, 40 to 50, cool skin, bowels constipated, and but little appetite.

Various kinds of treatment were employed, but without affording permanent relief. He was kept upon tonics, however, and occasionally an anodyne was given hypodermically. Subsequent to his admission to hospital, he had a discharge of matter from the ear, that continued two or three weeks when it ceased. His mental faculties became gradually obtuse, and he remained on his cot nearly all the time, with his eyes closed as if asleep; but he could be easily aroused, and would say that he had not been asleep, and would answer questions and talk slowly but correctly. He contended all the time that

there was "some round substance inside of his head" that would roll around and change position as he turned his head from one side to the other, and so painful was this sensation, that he would sometime remain for hours without moving his head from the pillow.

About the 3d of April, a fluctuating tumor appeared behind the ear, which was opened, and pus discharged for several days. After this abscess was opened the patient was much relieved, became more lively, walked around the ward, and conversed freely with the attendants, and seemed in a fair way to recover. As soon, however, as the pus ceased discharging, the pain and other symptoms gradually appeared again, and grew worse until May 1st, when he was taken with convulsions, which increased in severity and frequency, and he died on the 3d.

There was no paralysis, or abnormal condition of the pupils of the eyes, up to the time he was seized with convulsions, but after the first paroxysm, the pupil of the *right* eye was dilated—and paralysis, such as to render articulation and deglutition difficult. During the interval between the paroxysms he remained comatose, and it was with difficulty that he could be aroused sufficiently to answer questions.

Post-mortem examination was made 12 hours after death. Drs. Morrison, Nesbit, and others were present. The brain was the only part examined. No abnormal appearance was presented on removing the calvarium, and the dura mater from the upper surface of the cerebrum. While removing the brain, and on making slight pressure on the right middle lobe, a large quantity of greenish looking pus gushed out. The organ was removed entire, and on examination an opening, from which the pus escaped, was found in the middle lobe on the right side, at that portion corresponding to a point on the skull where the anterior surface of the petrous joins the squamous portion of the temporal bone—immediately behind the base of the zygomatic process. Portions of the brain were sliced off, and the right middle lobe was found to be nearly all

destroyed by the abscess; the pus was contained in a cyst that was so thick and strong that I had no difficulty in separating it from the surrounding substance, and preserving it without any break, except the opening from which the pus escaped whilst removing the brain. This cyst will hold about four ounces of fluid. The substance of the brain surrounding the cyst was not in the least softened, and seemed to be entirely healthy. The ventricles were nearly full of a dirty looking fluid. The other parts of the organ presented, to the naked eye, nothing abnormal.

On examining the skull at the point designated above, an oval opening was discovered in the bone and dura mater, one-half inch in diameter. A portion of the skull, including the diseased part, was removed and preserved. The bone immediately around the opening is not much carious—indeed, there is so little appearance of disease that one would almost think the hole had been made with a drill.

This, then, seems to have been a case of *encysted abscess of the brain*, communicating externally through the opening in the bone and dura mater; and the matter producing the abscess behind the ear, was undoubtedly formed internally. The fluctuating tumor behind the ear appeared suddenly, and on opening it, the pus found to be beneath the periosteum, which on examination after death was found separated from the bone at that point. The escape of pus from the abscess in the brain, was stopped by the closure of the opening in the bone, produced by the thickening of the tissues externally, which was also proven to be the case by post-mortem examination.

This man had never, as we could learn, had any injury of the head sufficient to produce the disease, and he had never complained of pain in the head before having small-pox. He had never had syphilis, and had no indications of scrofulous diathesis.

Rock Island Barracks, Ill., May 20th, 1864.

it to mind on but I unhesitatingly know no such case, and I consider it but justice to employ a name which will not be liable to misconception.

### A CASE OF METROPOLYPS.

By D. B. TRIMBLE, M. D.

*Editors of Chicago Medical Journal—Gentlemen :*

Though there is nothing extraordinary in the following case, or probably in its treatment, yet a record of the successful management of any severe case of disease, where the remedies resorted to are evidently beneficial, may be instructive to the younger, perhaps encouraging to the more experienced, practitioner; and I therefore, venture to send for publication, if you think it worthy of a place in your journal, the following case of Metropolyposis:

Miss ——, a lady about 40 years of age, of very delicate health, and who had previously been under my care for several years, for various affections, called to consult me for a tumor in the vagina which caused her much uneasiness. She had been affected with uterine hemorrhage, at intervals, for some months; retention, of urine, often requiring the use of the catheter; and pain in the loins. A few years previous to this period she lost a near relative with cancer of the womb, and was impressed with the belief that she was similarly affected, as she complained of a feeling of weight and fulness in the pelvis, and was confident of the presence of a tumor. Her nervous system was in an exceedingly excited condition, and had been so for some years—being subject to such severe neuralgic pains as to throw her into violent spasms. One of the seats of pain was at the symphysis pubis, the frequency and severity of which was latterly much increased.

On examination I found a tumor about three inches in length by one and a half inches in diameter, of a firm consistence, and insensible to the touch. The tumor would sometimes recede more than half its length, and, when the patient was

recumbent, would nearly disappear. I had no doubt of it being a polypus, of the fibrous variety, and so informed her, and also of the necessity of an operation. This she was willing to endure, and requested me to perform it, but never having had a similar case, I preferred having a more experienced operator, and sent for an eminent surgeon from Philadelphia. In the meantime, to prevent it from receding, I tied a ligature of very narrow tape as high up on the tumor as possible, and secured it to her garter.

The operation was performed two days after (while under the influence of ether), with Gooch's canula, and the wire applied external to the os tincte. In about 80 hours I removed the canula with the tumor. The odor was intolerable for several days, and there continued to be a semi-sanguineous discharge for about two weeks. The patient continued to feel pain in the loins and pelvic region for several weeks, which gradually subsided. From the size and shape of the tumor (its diameter being nearly alike throughout its length), from the quantity and quality of the discharge, and from the continued suffering, I felt convinced that the tumor had not all been extirpated, and expected that, in time, the operation, which was performed in July, 1862, would have to be repeated.

In September following, she informed me that she felt confident that the tumor was re-forming, but she was able to keep about until the following April, when she sent for me, and upon making a vaginal examination I found a tumor nearly filling the vagina, more fleshy than the last, and somewhat pyriform. No pedicle could be felt, however, but at the os uteri, which firmly compressed it; its diameter was about an inch. Being a lady of intelligence I explained to her, and the friend who nursed her, that the tumor had not descended sufficiently to make an operation effect a radical cure; that it was necessary, to accomplish this, to ligate the neck of the polypus, to perform which, the os uteri must be dilated to allow of the further transmission of the tumor; that the womb itself must, if possible, be made to expel it, and that, for this pur-

pose, I would be obliged for a time, probably for some days, to place her under the influence of suitable medicines.

Viewing the uterus as in a condition analogous to that in the puerperal state, and that its fibres might be made to contract, I administered ergot in moderate and repeated doses, which, in less than twenty-four hours, produced considerable pain. As the os tincae was still rigid I covered it with the ext. belladonna, and at my next visit found the os was somewhat relaxed and the tumor lower. Continued the treatment, but on the third day, owing to the earnest entreaties of the patient, I consented to operate, though the stem of the polypus was still within the os. This, however, must have been near, from its diminished diameter. I had procured a long Gooch's canula, and Museux's forceps, and after bringing her fully under the influence of ether, I passed the canula nearly an inch within the os uteri, (it being dilated and dilatable,) and applied the ligature with very little difficulty. On the fifth day I made (as I had done for the two previous days) some traction on the canula with a view to removing it, but it adhered too firmly to enable me to do so. I then applied the forceps and used as much force as I thought proper, but without success. About an hour after I left, however, she got out of bed when the whole mass, with the instrument, came away, its weight breaking the slight attachment which had prevented me from removing it. I had no means at hand to weigh it, but it measured seven and a half inches in circumference and four in length. There was but little discharge subsequently, and much less fetor than in the previous operation, and which disappeared in a few days and did not return. Though I was not satisfied that I had grasped the neck of the tumor by the wire, yet I felt that it was in all probability a radical cure; up to April 6th, 1864, there has been no appreciable return of the disease.

The points of interest in this case are, that in the first operation, it was performed too soon and without sufficient preparation, so that a portion of the tumor was left; and in the

second, that the contractile efforts of the womb can be excited even in its unimpregnated state, sufficient for useful practical purposes. How far the belladonna was useful in dilating the os it is difficult to determine, for slight contractile efforts, but no dilation, had commenced before its application. I think it had an influence, and at any rate can do no injury. The severe pains that this patient suffered can not, in any great degree, be attributed to the polypus, for, as before observed, she had been a sufferer from various causes for a number of years. But the acute neuralgic pain in the symphysis pubis was, if not caused, much aggravated by it, for since the last operation, she has suffered comparatively little in this region.

When the disease has advanced to the degree that affected my patient, there is of course no means of relief except chiro-surgical, but the question arises, can the causes of the disease be counteracted and its production prevented?

From the secluded condition of the parts affected; from the absence of pain, at least until the tumor attained such a size as to prevent the possibility of a medical cure; and from our want of knowledge of the condition of the system predisposing to the disease, it is very difficult to discover it in time to administer the proper remedies—did we know them. The question presents, must the system be in a sthenic or asthenic condition to produce polypi? It is evident that our therapeutics will depend upon our decision. In my patient, though she was much emaciated, there was no approach to anæmia, or to an asthenic condition; and from a case reported by Dr. Ramsbotham; and others that have been reported, I arrive at the conclusion that the uterus is in a hypertrophic or sthenic state when polypi are produced. An asthenic system could not eliminate such immense morbid growths as we read of or witness. In Dr. Ramsbotham's case the patient, who was in labor, had a polypus projecting from the uterus, "as large as a goose's egg," and which was forced from the vagina by the parturient throes of the womb forcing the child's head against it. The woman having been delivered, it became a question,

what should be done with the polypus? In consultation with his father, they declined removing it for the following, among other reasons, "Again, it seemed likely that, as the adventitious growth was nourished by the same vessels that supplied the uterus, these vessels had become enlarged in proportion somewhat equivalent to the increase in the calibre of the uterine vessels themselves. If such were the case, it was fair to infer that, as the uterine vessels shrunk after delivery, the vascularity of the polypus would also be materially diminished; and that this diminution in the bulk of the morbid growth would render its removal altogether less formidable."

We can have no doubt that the uterus is in an exalted or sthenic condition, when in the gravid state, and the ratiocination of the Drs. Ramsbotham was certainly correct. The result of the case fully justified this opinion, for he says, "After the lapse of nearly four months, no symptoms appearing in the meantime to call for earlier interference, the polypus was tied in the usual manner, and sloughed off in five days; and at the time of its removal its size was scarcely so great as a walnut divested of its outer husk." This rapid reduction in the size of the tumor shows that as the active condition of the womb abated, the exciting cause of the polypus was lessened; affording another proof that the sthenic state of the organ was essential to the rapid development of the tumor.

The greatest difficulty in these cases is that of diagnosing them in the earlier stages, as there is then so little derangement of the general system, or at least it is so indefinitely known, that the symptoms are uncertain. But if there are sufficient reasons to suspect the existence of a case, or if it is in parts where it can be early ascertained, as in the vagina, urethra, or nares, remedial treatment may avail. In this event probably a moderate anti-phlogistic course, low diet, antimonials, etc., in connection with the iodides, bromides, etc., might be successful. Dr. Stewart, of Peekskill, N. Y., records a case of large "ovarian tumor," which was treated with bromide of potassium with very great alleviation, and the general

effect of these remedies would seem to indicate their usefulness in this disease. Where there is great prostration or anæmia produced by hemorrhage, the reducing plan would, of course, be contra-indicated, and tonics, stimulants, and nourishing diet should be administered to give tone to the system, and local applications made to check hemorrhage.

But I am much inclined to the opinion of Professor Meigs, that medicines are of but little avail in the treatment of polypi. "If this view of the case be just," he says, "it would be idle to attempt to modify or control the growth of such a tumor, by means of drugs or medicines administered internally, since, however powerfully such drugs or medicines might be able to modify the actions of the woman's constitution under its natural physiological laws, they could not reach in their influence, nor in any degree control the accretion forces employed in the production of polypus, which, being heterologous, will not, neither, indeed, can come under obedience to the physiological law of the woman's life; a law with which it has no longer any lot or part, beyond that of living as long as she lives, preying as a parasite upon her materials, and sending back no answering organic influences to serve in maintaining that beautiful harmony of the organisms whose concert of action is life. Such a growth is not a part or parcel of the economy, it is not like one of the members of a family or a flock, but like a stranger, or a thief and a robber, that has entered in by guile or violence, to dwell among them, and to disturb and destroy them. Hence you see that such tumors are to be treated chirurgically and not medically. They may be extirpated, they can not be cured. Save yourselves and your patients, therefore, the trouble and loss of using physic or drugs."

REMOVAL OF  
A FIBRO-CELLULAR TUMOR OF THE SCROTUM.

By A. J. BAXTER, M. D., of Chicago.

The rarity of fibro-cellular tumors, properly so-called, in comparison with outgrowths of the same texture; and the very early age at which the one about to be described, occurred have induced me to give it publicity.

Notwithstanding the extensive observations of Mr. Paget, he has seen but two specimens of the variety of tumor under consideration, in the scrotum—both of which occurred in subjects above seventy years of age.

Charles Vanduren, a Swede, aged 13; delicate, of a sympathetic temperament, consulted me, May 2d, in regard to a "lump in his bag." Upon examination I found a tumor situated in the right side of the scrotum, slightly pendulous, which was first noticed about three years since. In volume it was larger than two fists, slightly lobulated, of an elastic feel, though of equal density, and conveying the idea of cysts. Several enlarged veins ramified over its cutaneous surface, skin healthy in appearance and density, freely movable over the subjacent parts, though the *tumor* seemed to be firmly fixed, deep in the perineum, which was found to be the case during the operation for its removal.

The patient did not pay much attention to it during the first two years, as it was not larger than an English walnut, and has never been a source of pain; but during the last year it grew very rapidly, and continued to do so up to the time of extirpation. No enlargement of the inguinal glands.

The patient being chloroformed, the operation was commenced by making an incision from near the root of the penis and on the right of the raphe, to the perineum, which freely exposed the tumor contained in a loose capsule. The testicle

was pushed high up, the tunica vaginalis testis was distended with a transparent fluid, and adherent to the tumor. No trouble was encountered in its removal, the adhesions to the tunica vaginalis were readily broken up by the handle of the scalpel. One artery, probably as large as the radial, passed into the posterior or perineal portion of the tumor, which was felt and ligated before being divided. The weight of the tumor a couple of hours after removal was three-quarters of a pound. A portion of the tumor was examined under the microscope, and so fully coincided with the description given by Mr. Paget, that I beg leave to refer to his article on the subject. The patient is now fully recovered.

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### PAPER ON CEREBRO-SPINAL MENINGITIS.

READ BEFORE THE ILLINOIS STATE MEDICAL SOCIETY AT ITS ANNUAL MEETING IN MAY, 1864.

By R. E. McVEY, M. D., Waverly, Ills.

*Mr. President and Gentlemen:—*

The subject of cerebro-spinal meningitis has engaged the attention of the Profession for the last fifteen months. Certain portions of our country have suffered from an epidemic bearing the name referred to above. However, I think the name not very appropriate, as some of the patients die before inflammation could take place. Inflammation may follow as a secondary symptom, but the most prominent features of this disease at the commencement, are those of congestion and depression indicating the presence of some toxic agent in the circulating fluid, and that agent seems to have a very strong affinity for the brain, destroying the blood, and overcoming the contractile power of the capillaries and vessels of the brain. Consequently the circulation in the brain is interrupted, the capillaries and the coats of the vessels in the brain expand to accommodate the accumulation of fluid in their structure,

which is evidenced by the epistaxis that follow in some of the cases that recover. I have seen patients die within six hours after they were taken with coma and prostration ; the circulation giving out first, and intelect next, and lastly respiration, without any febrile reaction whatever, but in the majority of the cases reaction does take place in about six hours after the attack, and when reaction does take place, there is intense febrile excitement, with great restlessness and moaning. The eyes are suffused and the pupils are dilated. The patient is troubled with delirium, when aroused, for the most part answers questions correctly. Sometimes there are tremors of the whole body, one passing in succession after another, but more frequently but one side is affected. Sometimes there is squinting of one eye ; the countenance has a brown hue ; the tongue is slightly coated at the start, but as the disease progresses it becomes thicker ; the bowels are constipated ; the patient vomits a dark, grumous substance ; the posterior cervical muscles contract, and draw the head backwards. Sometimes there is petechiæ over the neck, breast and extremities.

In regard to treatment, the most successful I have met with has been cerebral and arterial stimulants, with arsenic as an antiperiodic. It is of the utmost importance to arouse the capillaries and vessels of the brain, in order that they may relieve themselves of the fluid accumulated in their structures, and I know of no better agent than opium to do it with. Under the foregoing treatment I have had six patients recover and three die, and my partner, Dr. Brown, says he has treated, in the last six months, 21 cases, five of which were fatal, and sixteen recovered.

If the symptoms are severe, viz., coma, muscular contraction, with pain in the limbs, back and head, I have given opium in large doses, say, to an adult from 4 to 5 grs. Alcohol freely ; usually Fowler's solution, from 6 to 8 gts. every four hours, and when the muscular contraction continued for a considerable length of time, strychnia. Alteratives moderately, keeping the bowels open with mild aperients, invaria-

bly applying friction to the surface; tinct. capsicum and alcohol freely, with turpentine to the spine; sometimes blisters to the neck. Convalescence is generally slow.

Quinia I think, is contra-indicated, unless it is in very small doses, for the reason that it increases the agitation and produces a certain amount of deafness, with high delirium. Probably after the violence of the disease has passed off, it may be given with impunity, but not until the tremors have subsided and the brain so relieved that there is no danger of producing congestion of the eyes and ears. After this time it may have a salutary effect upon the digestive organs, and by giving tenacity to the system in general.

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### CEREBRO-SPINAL MENINGITIS.

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By M. M. EATON, M. D., of Peoria, Ills.

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It seems to be a fact that during the past year or 18 months, various parts of Illinois have been visited by an epidemic heretofore unknown experimentally in the West. The disease (to the best of my information,) first appeared near Galesburg, about 18 months since, and so fatal was it, that for a time the patients were supposed to have been poisoned.

In this vicinity it appeared about six months since, and now is upon the increase, though not so fatal as at first. I have interested myself very much in the disease, and have seen and corresponded with physicians upon it, from nearly all parts of the State. The symptoms vary somewhat, as in all other diseases, in different cases. My own experience is confined to 13 cases, several of which I have taken some of our oldest physicians to see. They have generally been attacked suddenly, without premonition, with a chill or a shivering; the countenance is shrunken and cadaverous; emesis soon sets in; delirium of a frightful type immediately follows; the pulse is rapid and weak; the pupil is for the most part dilated, with

alternate contractions, and is frequently insensible to light; the bowels soon becomes tympanitic; the head is drawn back and great pain is complained of in some part or member, generally in one side of the head. Every movement of the body seems to give pain; the bowels are constipated; urine scanty and strangury is sometimes present; the temperature of the body is below the natural standard; the tongue bloodless; purple spots come and go on various parts of the body, in the outset in some cases, in others not till near death.

My cases have all been children from three to twelve years of age, save one case, a lady with two children. Other medical men in this city, however, have had adult males who were attacked with these symptoms and died. As to the causes I am ignorant. It has seemed to be infectious in some cases, attacking those who were much together. I have made but one autopsy. In this case the eyes were sunken; the membranes of the brain were intensely congested; there was effusion of lymph in the arachnoid; the mucous membrane of the stomach was softened and disorganized; other organs healthy.

I am informed by physicians from some dozen localities over the State, that their cases have been almost uniformly fatal when presenting the symptoms above enumerated. My own practice has been more favored, and for this cause I for a time felt uncertain that my cases were really of the same character as those who were proving so fatal with other practitioners, but am now certain that my cases were genuine attacks, and of the severest type. The first case I had died in 48 hours, without my being able to aid his recovery in the least. I then began my opium treatment, and since then have lost but three out of twelve cases, and to each of those that died I was called from 24 to 30 hours after delirium had set in, when I have no idea that anything can save them, when they have a genuine attack and have had no rational treatment before.

The treatment I have adopted (and I may say has been concurred in and adopted by the Medical Society of this city now, after having battled me some at first for using it,) is this, viz.,

to give opium as the sheet anchor in the first instance, as soon as called, if delirium has set in, and the pupil is dilated. Repeat the opium in doses according to the age of the patient, giving an adult 5 grs. to a dose every half hour or hour, until the patient falls into a good sound sleep, which in my adult case took about 40 grs. But no matter how much, look to the effect and not at the dose; allow the patient to sleep four or six hours, then give opii pulv., gr. ij; hydg. chlo. mit., gr. ss, every four hours, and immediately give tonics, tr. ferri chlo., small doses of sulph. quinia, brandy, beef tea, etc.

As soon as sleep is produced emesis ceases, and when the patient awakes he is generally rational, if not, continue the opium till he has another good sleep. He will then (i.e., after becoming rational,) be so weak he can hardly turn in bed; now give the tonics; keep the room still, slight noises annoy the patient exceedingly, and sometimes produce a relapse.

Dr. Murphy has used venesection in connection with the opium, in one case with good success, which, by the way, I consider good practice in some adult cases. I have used blisters to the back of the neck, and both anodyne and stimulating washes and liniments to the spine, without any perceptible benefit. The disease, methinks, is of course congestive in the beginning, affecting the membranes of the brain and spine, and primarily the arachnoid. Dr. Condie's article, in "Watson's Practice," on cerebro-spinal meningitis, is the best modern description of the disease that I have seen. In Copland's Dictionary of Prac. Med. I find a tolerably correct description of the disease, though less violent in the symptoms as a rule, than has been the epidemic from which we have been suffering. I learn from this work that the disease was first known in America in Medway, Mass., in 1806, and prevailed in the Eastern and Middle States, from that time to 1815. It prevailed all over Europe in 1505; also in 1528 and 1574; each of which times it was followed by the Plague. It occurred in Egypt in 1760, and in Switzerland in 1805. It has been every time confounded with other diseases, and probably many cures

reported where the disease did not exist at all. I feel sad that we know so little of the disease as we do, as I believe every physician should be prepared to know it when he sees it, and strike hard blows in the outset, for it seems that after 24 hours the system is so prostrate that it is impossible to rally it again to normal action.

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### SELECTED.

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[We publish the following at the request of a number of the junior members of the profession among our subscribers.  
—Eds.]

## CODE OF MEDICAL ETHICS.

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### OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS, AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

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#### ART. I.—*Duties of Physicians to their Patients.*

§ 1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention, and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect, and confidence.

§ 2. Every case committed to the charge of a physician should be treated with attention, steadiness, and humanity.

Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by the physician except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

§ 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease—to meet promptly every change that may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

§ 4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility of the most resigned in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient, and to depress his spirits.

§ 5. A physician ought not to abandon a patient because

the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to, all pecuniary consideration.

§ 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

#### ART. II.—*Obligations of Patients to their Physicians.*

§ 1. The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

§ 2. The first duty of a patient is to select as his medical adviser one who has received a regular professional education. In no trade or occupation, do mankind rely on the skill of an untaught artist, and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

§ 3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family as much as possible, to one physician; for a medical man, who has become acquainted with the peculiarities of constitutions, habits, and predispositions, of those he attends, is more likely to be successful in his treatment than one who does not possess that knowledge.

A patient who has thus selected his physician, should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases ; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

§ 4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser ; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

§ 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business, nor the history of his family concerns.

§ 6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses, who are so frequently met with, and who pretend to possess infallible remedies for the cure of

every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

§ 7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

§ 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

§ 9. Patients should always, when practicable, send for the physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them.

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#### OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

##### ART. I.—*Duties for the Support of Professional Character.*

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly

such laws as are instituted for the government of its members; —should avoid all contumelious and sarcastic remarks relative to the faculty, as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence, is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he can not command their respect and confidence, and to both because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow-creature.

§ 3. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—*Professional Services of Physicians to each other.*

§ 1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who, by the ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined, for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

ART. III.—*Of the duties of Physicians as respects vicarious offices.*

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he can not be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety, and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

**ART. IV.—Of the duties of Physicians as regards Consultations.**

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by this association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2. In consultations, no rivalry or jealousy should be indulged; candor, probity, and all due respect should be exercised towards the physician having charge of the case.

§ 3. In consultations, the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variation

and the reasons for it, ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion *in writing*, and *under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words or manner should any of the parties to a consultation assert or insinuate, that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen, that two physicians can not agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dic-

tates of judgment. But, in the event of occurrence, a third physician should, if practicable, be called to act as umpire; and, if circumstance prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But, as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any farther deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may reasonably be expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

#### ART. V.—*Duties of Physicians in cases of Interference.*

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A physician in his intercourse with a patient under the care of another practitioner, should observe the strictest reserve and caution. No meddling inquiries should be made—no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of

another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topic of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances, no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit; for it often happens that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present, any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates should request the family physician, if there be one, to be called, and, unless his farther attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

[The expression, "Patient of another Practitioner," is understood to mean a patient who may have been under the charge of another practitioner at the time of the attack of sickness, or departure from home, of the latter, or who may

have called for his attendance during his absence or sickness, or in any other manner given it to be understood that he regarded the said physician as his regular medical attendant.]

§ 8. A physician when visiting a sick person in the country may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no further than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

#### ART. VI.—*Of Differences between Physicians.*

§ 1. Diversity of opinion and opposition of interest, may, in the medical as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and can not be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court-medical*.

§ 2. As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which can not be understood or appreciated by general society, neither the subject-matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ART. VII.—*Of Pecuniary Acknowledgments.*

Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF  
THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.ART. I.—*Duties of the Profession to the Public.*

§ 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions—in relation to the medical police of towns, as drainage, ventilation, etc.—and in regard to measures for the prevention of epidemic and contagious diseases; and when *post mortem* silence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests, and courts of justice, on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make *post-mortem* examination, it is just, in consequence of the time, labor, and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 3. There is no profession, by the members of which eleemosynary services are more liberally dispensed than the medical, but justice requires that some limit should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain of the public duties referred to in the first section of this article, should always be recognized as

presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives, or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform military duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and imposters. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shape to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

#### ART. II.—*Obligations of the Public to Physicians.*

§ 1. The benefits accruing to the public, directly and indirectly, from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumptions of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under a liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

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**EDITORIAL AND MISCELLANEOUS.**

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*The American Medical Association.*—The 15th Annual Meeting of this organization convened in the city of New York on the 7th of June, and remained in session three days. The attendance was good. It was a pleasant social gathering, and doubtless to those who were there it was a period of needed relaxation from the toilsome routine of the physician's life—but the record of the daily business of the meeting is devoid of interest, and of the value of the communications made through the different sections, a judgment can only be formed when the transactions are in print. The published transactions of the Association do not seem to be so generally circulated as we should think they would be, for we are told by Dr. Wistar, the treasurer, that though the Association numbers above 3,000 members, only 120 copies of the transactions of the 14th Annual Meeting have been disposed of during the past year.

Under the heading of "Hints to Reform," the *American Medical Times* has an article relating to the Association, that is well calculated to excite reflection, and from which we quote as much as we have space:

"During the late session of the National Medical Convention the inquiry was not unfrequently made by the older members—"How can we give more character to the Association and render its meetings more interesting and profitable?" This is, indeed, a most important question, and one that every member who has the welfare of the Association at heart should seriously consider. We have stated that the late meeting was a decided success, and such we must regard it when considered as a pleasant and national reunion of the profession. But when viewed from a higher stand-point, and with a more critical regard to those elements which are to render this body the controlling power in the profession, elevating its moral, social, and educational status, the Association failed to answer

the just expectation of its friends. The precious hours of its general sessions were too much occupied with loose discussions of unimportant subjects; while windy, pretentious orators who always float to the surface on such occasions, interrupted the progress of business by points of order, motions, and trivial questions. The sections failed of that degree of interest which they should elicit, owing to the absence of well-prepared papers and searching discussions by members eminent in the department of practice to which such papers belong. But these defects, and others that might be noticed, are not inherent in the Association, and may be corrected if the leading members will take a decided stand in favor of reform. We propose thus early to present this question to the profession, by offering some suggestions, in order to elicit a full and free discussion while the impressions made by the late meeting are still fresh in the minds of members.

The Association has properly a two-fold character; it is both an ethical and a scientific body, and it is very important to maintain these features in full strength and harmony. But there is danger of its losing both, and gradually sinking into hopeless imbecility. It is essential to the integrity and good government of the profession that there be some great central organization to which it may refer all questions disturbing its relations or affecting its general welfare. It is not less important that we have a great central scientific body which shall be the patron of the medical sciences, and shall stand before the world as the representative of our national medical literature. To both of these positions the Association may attain if discreetly managed.

"To become the ethical or governing body of the profession one thing above all others is requisite, viz., that the Association command the respect of the profession. It can not be the arbiter of medical opinion, nor the instructor in morals and professional amenities, without itself being above reproach. And as a corrupt body can never be purer and better than the individual members, the Association must, if it would place itself upon the highest ground, purge itself of those blighting excrescences which cling to it as to their last and only hope of respectability. In other words, the Association must have a more select representation. At present medical societies exercise too little discretion in the selection of delegates; the position is given to any one who volunteers to attend, and such volunteer is generally the "wind-bag" of the Society. The Association should limit its representation to State, Coun-

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ty, and well established, legally incorporated bodies, and exclude those ephemeral voluntary organizations which too often exist only to enable some objectionable person to gain a membership. It would do well to establish a title of membership; and, placing a high qualification upon it, subject its list of permanent members to a searching revision. Names stand recorded on that roll which are no longer worthy of such associations. If by such or any other means the representatives of the profession could be more select, embracing only the better class, the meetings of the Association would be dignified, its discussions deliberate, and its decisions would command respect."

The officers for the ensuing year are

*President*—N. S. Davis, of Illinois.

*Vice Presidents*—W. S. Mussey, of Ohio; Worthington Hooker, of Conn.; Wm. Wheelin, of Ind.; F. E. B. Heintze, of Maryland.

*Permanent Secretary*—Wm. B. Atkinson, of Penn.

*Assistant Secretary*—H. R. Storer, of Mass.

*Treasurer*—Casper Wistar, of Penn.

Prize Essay by S. Fleet Speir, on the Pathology of Jaundice. The next annual meeting will be held in Boston.

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*The Growth of Bone.*—M. DeLamballe, in his researches on the generation and reproduction of tissues, corroborates the assertions of M. Flourens. 1st. That bones increase in thickness by external and superimposed layers. 2d. That they increase in length by the addition of terminal layers arranged in juxtaposition. 3d. That proportionately as the new layers are deposited externally, the older ones on the inner surface are re-absorbed. 4th. That ossification consists in the regular and successive conversion of periosteum into cartilage, and cartilage into bone.

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*Hydrophobia in Dogs.*—M. Leblac has revived the old theory that "restraint from sexual intercourse" is a potent cause of hydrophobia in the dog. In support of which, he says, "On one side of a portion of the Danube the Christians

have none but male dogs, whereas on the other side the Turks leave the animals of both sexes in a state of absolute freedom. On the Christian side hydrophobia is frequent. On the other, unknown." It ought to be unknown in this country.

*Tetanus in the Army.*—Tetanus is prevailing among the wounded of the Army of the Potomac to an unusual extent, nearly every case proving rapidly fatal. Dr. E. Brown-Sequard, we are glad to learn, has consented to give a few lectures on this disease, at Washington, where it is most prevalent.

Most of the Medical Journals have, or intend advancing their price of subscription.

*Two Deaths from Laughing Gas.*—A short time since a merchant of Philadelphia, Mr. Sears, died from the effects of laughing gas, administered for the painless extraction of a tooth. A traveling dentist, at a public exhibition of laughing gas, at Swanton Falls, Vt., administered this gas to several persons. Among the number was a beautiful girl, seventeen years of age, the daughter of W. H. Bell, a highly respectable citizen. The day after inhaling the gas she was taken ill, and died the following day from its effects.

*Arsenic in Pemphigus.*—Mr. Hutchinson, of the Metropolitan Free Hospital, speaks very highly of the use of arsenic in pemphigus. He says that "it renders relapses less likely, and that an improvement may be noticed immediately on its employment, not a single fresh bulla showing itself after the first few days of treatment.

*Prolongation of Anæsthesia by Chloroform.*—Drs. Erlenmeyer and Nussbaum state that by subcutaneous injection of one-eighth grain doses of sulph. morphiæ the anæsthesia produced by chloroform may be protracted without danger, the

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patient passing at once into a sound sleep of several hours' duration. It is an experiment well worthy of trial in protracted operations, and can be easily performed with one of Ames' needle pointed syringes.

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*Garibaldi in England.*—One of the principal reasons for Garibaldi visiting England was to place himself under the care of Mr. Ferguson, of London. His general condition is declared to be excellent.

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*Sulphur in Asthma.*—M. Ducles, of Tours, recommends this substance in doses of three fourths to one and a half grs. three times a day for several months. The Boston *Med. and Surg. Journal* mentions three severe cases where asthma was completely cured by this very simple treatment.

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*Agreeable Mode of Taking Senna.*—Dr. Lithner (Buckner's Reportorium,) says that senna leaves (one or two drachms to one or two cups of water,) should be allowed to infuse all night in cold water. With the strained infusion coffee is prepared next morning as if with water, and an aperient which does not taste of senna, and does not cause griping, is thus produced.

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*Collodium for the Stings of Wasps.*—Dr. Munde, in the *Lancet*, states that a coating of collodium applied to the part injured causes the pain to disappear and the swelling to rapidly subside.

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*Pennsylvania Hospital.*—Dr. James Pancoast has resigned his situation as one of the surgeons of this institution, and Dr. Thomas George Martin has been selected in his place.

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*Saracenaria Purpurea.*—Dr. James Watson has experimented in eight cases of small pox, in the Royal Infirmary, with this newly vaunted Canadian remedy for small pox, and found it absolutely inert.

*Honey as an Excipient for Pills.*—M. Thibault (*Bulletin de Thérapeutique*) believes that much of the disappointment following the employment of pills arises from their, as ordinarily prepared, acquiring a degree of induration that prevents their solution, and enables them to traverse the alimentary canal unchanged. To prevent this he recommends the employment of honey, as pills prepared with it always remain soft, however long they may be kept.

The Iodide of Lime as a substitute for Iodide of Potassium is rapidly gaining favor among distinguished London physicians. It is used in those cases where Iodide of Potassium is indicated, with more marked effects than usually attend the use of that salt. The lime and iodine are held together by a very feeble affinity, and the salt will not admit of exposure without evolving free iodine. The solution is a colorless and almost tasteless liquid, and remains permanent, although long kept and exposed to the air.

Each drachm of the salt contains eight and a half grains of iodine. The Iodide of Lime is superior to Iodide of Potassium in several particulars, as, 1st. The smallness of the dose, and the minute state of its atomic division. 2d. In not passing off so quickly through the kidneys. 3d. In its ready combination with the blood and tissues, manifested by its alterative effects. 4th. In being nearly tasteless, and therefore more readily taken, especially by children. 5th. In being twenty times less expensive. 6th. In not producing either gastro-enteric or vesical irritation. The dose of the salt is about one-fourth of a grain, given in solution three times a day.

## BOOK NOTICES AND REVIEWS.

*Books and Pamphlets Received.—*

*The Principles and Practice of Obstetrics:* Illustrated with One Hundred and Fifty-Nine Lithographic Figures from Original Photographs and with numerous Wood Cuts. By Hugh L. Dodge, M. D., Emeritus Professor of Obstetrics and Diseases of Women and Children, in the University of Pennsylvania; formerly one of the Physicians to the Young in Department of the Pennsylvania Hospital; lately one of the Physicians to the Philadelphia Almshouse Hospital; Consulting Physician to the Philadelphia Dispensary; Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society, etc., Author of a treatise on "The Peculiar Diseases of Women." Philadelphia: Blanchard & Lea. 1864. From S. C. Griggs & Co., No. 39 and 41 Lake street, Chicago.

*The Pathology and Treatment of Venereal Diseases Including the Results of Recent Investigations upon the Subject.* By Freeman J. Bumstead, M. D., Lecturer on Venereal Diseases at the College of Physicians and Surgeons, New York; late Surgeon to St. Luke's Hospital; Surgeon to the New York Eye and Ear Infirmary. A New and Revised Edition, with Illustrations. Philadelphia: Blanchard & Lea—1864. From W. B. Keen, Chicago.

*A Manual of the Practice of Medicine.* By Thomas Hawkes Tanner, M. D., F. R. S., Member of the Royal College of Physicians; Assistant Physician for the Diseases of Women and Children to King's College Hospital, etc., etc. From the last London Edition. Enlarged and Improved. Philadelphia: Lindsay & Blakiston—1864. From S. C. Griggs & Co.

*On Rheumatism, Rheumatic Gout, and Sciatica, their Pathology, Symptoms and Treatment.* By Henry William Fowler, M. D., Cantab. Fellow of the Royal College of Physicians, London; Physician to St. George's Hospital, etc., etc. From the last London Edition. Philadelphia: Lindsay & Blakiston—1864. From S. C. Griggs & Co.

*A Treatise on the Chronic Inflammation and Displacements of the Unimregnated Uterus.* By Wm. H. Ford, A. M., M. D., Professor of Obstetrics, etc., etc. Chicago Medical College, Medical Department, Lind University. Philadelphia: Lindsay & Blakiston—1864. From S. C. Griggs & Co.

*A Practical Treatise on the Sexual Organs of Women.* By F. W. Von Scarpa. Translated from the French by Drs. H. Dor and A. Soci, and Annotated, with the Approval of the Author, by Augustus K. Gardiner, A. M., M. D. With upwards of Sixty Illustrations. R. M. DeWitt, Publisher, 18 Frankfort street, New York. Through John R. Walsh, Chicago.

*Transactions of the State Medical Society of Indiana, at the Fourteenth Annual Meeting, Held in the city of Indianapolis, May 17th and 18th, 1864.*

# Berkshire Medical College.

## Faculty of Medicine,

HENRY H. CHILDS, M. D., President.

W. WARREN GREENE, M. D., Dean.

HENRY H. CHILDS, M. D., Emeritus Prof. of the Theory and Practice of Medicine.

TIMOTHY CHILDS, M. D., Prof. of Military Surgery.

CORYDON L. FORD, M. D., Prof. of Anatomy and Physiology.

WILLIAM P. SEYMOUR, M. D., Prof. of Obstetrics and Diseases of Women and Children.

W. WARREN GREENE, M. D., Prof. of Principles and Practice of Surgery and Clinical Surgery.

PAUL A. CHADBOURNE, M. D., Prof. of Chemistry and Natural History.

ALONZO B. PALMER, M. D., Prof. of Pathology and Practice of Medicine.

PLINY EARLE, M. D., Prof. of Materia Medica, Hygiene, and Psychological Medicine.

E. B. LYON, M. D., Demonstrator of Anatomy and Prosector of Surgery.

The Forty-second Annual Course of Lectures in this Institution will commence on Thursday, August 11th, 1864, and continue sixteen weeks.

Four weeks previous to the beginning of the *Regular Term*, Prof. Greene will give a course of instruction on Fractures and Dislocations, gratuitous to those who attend the Regular Course.

*Fees.* — For all the Courses, payable in advance, \$50. Matriculation fee, \$5. Graduation fee, \$18. Dissection fee, \$5. Library fee, \$1.

Circulars furnished and all desired information given on application to

W. WARREN GREENE, M. D.,

PITTSFIELD, MASS., May, 1864. *81.* *Dean of the Faculty.*

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## The Mechanical Treatment of ANGULAR CURVATURE, OR POTT'S DISEASE OF THE SPINE. BY CHARLES FAYETTE TAYLOR, M. D., of NEW YORK.

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